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## 10/718,852 Application Number TRANSMITTAL Filing Date November 20, 2003 **FORM** First Named Inventor Hixon et al. (to be used for all correspondence after initial filing) 3724 **Group Art Unit** S. Chol **Examiner Name** Attorney Docket Number 2916-4842.1US ENCLOSURES (check all that apply) Information Disclosure Statement, Terminal Disclaimer Postcard receipt acknowledgment (attached to the front of this PTO/SB/08A; Copy of cited transmittal) references Terminal Disclaimer Duplicate copy of this transmittal Supplemental Information Disclosure Statement; PTO/SB/08A; copy of cited sheet in the event that additional filing fees are required under references and Check No. 37 C.F.R. § 1.16 the amount of \$180.00 Terminal Disclaimer Preliminary Amendment Associate Power of Attorney Response to Restriction Petition for Extension of Time and Requirement/Election of Species Check No. 7486 in the amount of Requirement dated December 2, \$225.00 Petition Amendment in response to office action dated Amendment under 37 C.F.R. § Fee Transmittal Form Other Enclosure(s) 1.116 in response to final office (please identify below): action dated Certified Copy of Priority Document(s) Additional claims fee - Check No. in the amount of \$ Assignment Papers (for an Application) Letter to Chief Draftsman and copy of FIGS. with changes made in red Transmittal of Formal Drawings Remarks The Commissioner is authorized to charge any additional fees required but not Formal Drawings ( sheets) submitted with any document or request requiring fee payment under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account 20-1469 during pendency of this application. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm or Brick G. Power Registration No. 38,581 Individual name Signature March 2, 2005 Date **CERTIFICATE OF MAILING** I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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